



A Public Service Agency



ORIGINAL APPLICATION FOR OCCUPATIONAL LICENSE (PART A)

| | |
|---------------------------------|-------|
| Special No. Assigned | _____ |
| ACR No. | _____ |
| Date App Received | _____ |
| Date Permit Issued | _____ |
| Date Permit Expires | _____ |
| Fingerprint Fee (\$42 ea. card) | _____ |
| Plate Fee | _____ |
| New Motor Vehicle Board Fee | _____ |
| Other Fee | _____ |
| Total Fee | _____ |
| S/R No. | _____ |
| Inspector | _____ |

TYPE

- | | | |
|---|--|---|
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Dismantler |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Dealer-Wholesale Only | <input type="checkbox"/> Lessor-Retailer |
| <input type="checkbox"/> Remanufacturer | <input type="checkbox"/> Transporter | <input type="checkbox"/> Auto Broker Registration |

VEHICLE

- | NEW | USED | NEW | USED |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Auto-Com'l. Trailer
Motorcycle Snowmobile
Motorhome

MAIN OFFICE

NAME OF INDIVIDUAL, PARTNERS, CORPORATION, OR LIMITED LIABILITY COMPANY

FIRM OR TRADE NAME

TELEPHONE NO.

DBA

STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH LOCATIONS - COMPLETE OL 21

ZONING APPROVAL (MUST BE COMPLETED BY LICENSEE)

Location(s) meet(s) local zoning requirements ☐ Yes ☐ No

NEW VEHICLE DEALERS ONLY (auto/commercial and motorcycle) Please initial/check one of the following:

Selling **NEW** and used vehicles at this location. ☐ Auto/Commercial ☐ Motorcycle ☐ Trailers ☐ RV

Selling used vehicles **only** at this location. ☐ Auto/Commercial ☐ Motorcycle ☐ Trailers ☐ RV

Effective _____ this dealership was authorized by _____, whose address is _____ to sell

MANUFACTURER OR REMANUFACTURER: Attach pictures and detailed description adequate to identify vehicles to be manufactured. List the starting vehicle identification number to be used _____. Vehicle identification numbers are assigned through the Society of Automotive Engineers.

DISTRIBUTOR: Attach to this application a copy of your franchise agreement with the Manufacturer of the product you will distribute.

FOR DISMANTLER ONLY

All plates removed from acquired vehicles will be ☐ Destroyed ☐ Turned into the department

BOARD OF EQUALIZATION RESALE PERMIT NO.

CALIF. ENVIRONMENTAL PROTECTION AGENCY I.D. NO.

FRANCHISE TAX BOARD TAX I.D. NO.

- | | | |
|---|--------------------------|--------------------------|
| 1. Firm is required to obtain a storm water permit. | YES | NO |
| 2. An application has been filed to obtain a storm water permit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A hazardous materials business plan has been filed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Firm is required to file a hazardous materials business plan. | <input type="checkbox"/> | <input type="checkbox"/> |

I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct.

DATE

SIGNATURE OF LICENSEE

TITLE



OL #

NAME

Excludes Wholesale Only Dealer*1. PROPERTY DATA**

| (In Sq. Ft.) | Display Area* | Garage Area* | Bldg. Area* | Total Area | Property is (<i>Check One</i>) | | | Lease or Rental Period |
|--------------|---------------|--------------|-------------|------------|----------------------------------|--------|-------|------------------------|
| Main Office | | | | | Leased | Rented | Owned | |
| Branch No. 1 | | | | | Leased | Rented | Owned | |
| Branch No. 2 | | | | | Leased | Rented | Owned | |
| Branch No. 3 | | | | | Leased | Rented | Owned | |

2. IF PROPERTY IS LEASED OR RENTED, COMPLETE THE FOLLOWING

| PRINT | Property Owner's Full Name | Owner's Address | City | Telephone No. |
|--------------|----------------------------|-----------------|------|---------------|
| Main Office | | | | |
| Branch No. 1 | | | | |
| Branch No. 2 | | | | |
| Branch No. 3 | | | | |

3. NAME, ADDRESS, AND TELEPHONE NUMBER OF BANK WHERE BUSINESS ACCOUNT IS CARRIED.

| NAME OF BANK | ADDRESS OF BANK | TELEPHONE NO. |
|--------------|-----------------|---------------|
| | | |

IF BANK ACCOUNT IS NOT CARRIED UNDER SAME NAME AS SHOWN ON THIS APPLICATION, UNDER WHAT NAME IS IT CARRIED?

NAME OF PERSON AUTHORIZED TO DRAW FUNDS OR ISSUE CHECKS FROM ACCOUNTS.

CERTIFICATE BY APPLICANT FOR LICENSE

- I have an established place of business where I agree to keep all books and records relating to the business, available for, and open to inspection by any peace officer during regular business hours.
- I understand that all Report of Sale or Notice of Acquisition Books and Special Plates issued to me by the Department of Motor Vehicles are property of the State of California and must be surrendered to any authorized, identified Department employee on demand.
- The main place of business and all branches have offices and display* or dismantling areas situated on the same property where business related to the type of license issued is transacted. (*Except Wholesale Only dealers)
- The place of business is properly identified by a sign posted in a conspicuous place in each and every location. Such signs shall provide information relating to the business name and address so as to enable any person doing business with me to properly identify the business. (Except Wholesale Only dealers)
- I agree to notify the Department in writing immediately of any change in location of this business or any addition or deletion of branch offices and to provide simultaneously a complete description of the new location of this business and the name of the manager there.
- I agree to notify the Department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the Department to submit new application papers properly reflecting the changes together with the required fees.
- I will maintain on file with the Department an authorization to sell each make of new vehicle that I sell and report on new vehicle reports of sale.

(NOTE: To be signed by sole owner, partner,
or officer of corporation, or member LLC.)

SIGNED

TITLE

WITNESSED BY AUTHORIZED DMV EMPLOYEE

DATE